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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
FEE TRANS	Application Number	10/814,787	OLPE		
for FY 2005 Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 1, 2004	4	
		First Named Inventor	Aharon TAVIVIAN	OCI 1 7 2001	
		Examiner Name	Huyen D. Le	A 1 2000	
TOTAL AMOUNT OF PAYMENT	(\$) 905	Art Unit	3751	A. OF	
		Attorney Docket No.	004539.00016	PENART	

METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
□ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments								
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization FEE CALCULATION	on PTO-203	8.						
	DOLL AND	NEW ABBINIATIO	ON FEES					
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH I			FEES	EXAMINA	ATION FEES			
		Small Entity		Small Entity		Small Entity		
Application Type	<u>Fee (\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fee(\$)	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	ES						Small Entity	
Fee Description		,				Fee (\$)	<u>Fee (\$)</u> 25	
Each claim over 20 (including Reissues) 50						200	100	
Each independent claim over 30 (including Reissues) Multiple dependent claims 200 360							180	
Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple De						Dependent Claims		
20 or HP=	=	× _	_ = _			<u>Fee (\$)</u>	Fee Paid (\$)	
HP = highest number of t	otal claims pa	id for, if greater th						
Indep. Claims	<u>Extra C</u>	<u>laims</u> <u>Fe</u>	<u>e(\$) </u>	Paid (\$)				
3 or HP=		× _	= _					
•	HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): RCE Fee and Request for an Extension of Time (3 Months) 905								

SUBMITTED BY	0 1			
Signature	Danel North	Registration No. (Attorney/Agent) 42,912	Telephone	202-824-3000
Name (Print/Type)	Darrell G. Mottley		Date	10/17/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.